



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3624

Examiner: Stefanos Karmis

"Express Mail" Mailing Label Number: EV958477805US

In Re.: **Gregg Freishtat et al.**

Date of Deposit: 11/15/2006

Ref: Case Docket No.: P3984

Serial No.: 09/839,735

Filed: 04/20/2001

Subject: **System and Method for Syndicated Transactions**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

**PETITION FOR EXTENSION OF TIME TO RESPOND
UNDER 37 CFR § 1.136**

Applicant hereby petitions for an extension of time of two (2) months, to respond to the office action letter mailed in the above-referenced case on 06/19/2006, for which a 3-month shortened statutory period was set to expire on 09/19/2006. This requested extension extends the time for response to 11/19/2006.

- ☒ The petitioner is an established small entity.
- ☒ A check is enclosed which includes \$225.00 for the extension fee.

Respectfully submitted,
Gregg Freishtat et al.

By /Donald R. Boys/
Donald R. Boys
Reg. No. 35,074

11/20/2006 MBELETE1 00000008 09839735

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225.00 OP

Central Coast Patent Agency
3 Hangar Way Suite D
Watsonville, CA 95076
(831) 768-1755



11-17-06

IFW

3624A

Method of Transmission: EV958477805US

CASE DOCKET NO. P3984

In reference to application of Gregg Freishtat et al.

Serial No. 09/839,735

For System and Method for Syndicated Transactions

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 31	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 6	0	\$ 100	\$ 200	\$ 200.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input checked="" type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 225.00
Total additional for claims, time extensions and disclaimer fees							\$ 225.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☒ A check in the amount of 225.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.Respectfully Submitted, /Donald R. Boys/Donald R. Boys
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